

## PART B - FEE(S) TRANSMITTAL

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26517 7590 11/07/2005

**NOTE CHANGE OF ADDRESS:**  
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/056,738	01/25/2002	Thomas Ward Humphrey	IBM / 215	9917

**TITLE OF INVENTION: METHOD OF CONTROLLING THE AUDITORY RESPONSE OF WIRELESS DEVICES**

01/30/2006 MBEYENE2 00000022 090465 10056738

01 FC:1501 1400.00 DA	02 FC:1501 300.00 DA	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300	\$1700	02/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEHRPOUR, NAGHMEH	2686	455-420000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Wood, Herron & Evans, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**INTERNATIONAL BUSINESS MACHINES CORPORATION, Armonk, New York 10504**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Steven W. Roth*

Date January 3, 2006

Typed or printed name *Steven W. Roth*

Registration No. 34,712

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